



Department of Community Health

EMS & Trauma Systems Section

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Topics

- Personnel Licensure
- Audits/Complaints/Enforcement
- Criminal Background Checks
- EMT - Specialist
- Paramedic Accreditation
- EMS Information System
- Pharmacy
- Laws/Rules/Plans
- Ambulance Operations & Staffing
- Municipal Letter/AG Response
- Protocols/MCA Activities
- POLST

Licensure Terminology

- Licensure means initial application
- Renewal means currently licensed
- Relicensure means your license has lapsed (exceeded 60 days from license expiration)
- Licensure and Relicensure applications are available on online
- Renewal letter must be requested if a duplicate is needed – **you can not obtain a renewal letter online**

License Renewal

- Licensee must keep our office informed, in writing, of name and address changes over the course of your licensure period.
- License renewal letter will be mailed to your last known address 60-90 days prior to your expiration date.
- **NEW** – All renewals must be done on-line (effective October 1, 2011)

License Renewal

MFR: 15
EMT: 30
EMT-S: 36
EMT-P: 45
I/C: 30

If you do not have all your credits, do not renew your license. You have the opportunity to apply for re-licensure.



Relicensure

- License has lapsed (>60 days past expiration date)
- Must be within three (3) years of license expiration date
- CE's must be within three (3) years of application date
- Pay applicable fees (including late fees)
- Application for relicensure, fees and credits must be submitted and approved prior to license approved

Continuing Education

- CE credits must be obtained in the 3 years preceding the expiration date of the license for renewal or obtained in the 3 years preceding the application for relicensure. (Rule 325.22321-22324 & 22337)
- CE Credits must be Michigan approved.

Continuing Education Record

- The continuing education record form is not your renewal application.
- RETAIN COPIES OF ALL RECORDS FOR A PERIOD OF ONE YEAR AFTER THE EXPIRATION DATE OF LICENSE
- **FAILURE TO PROVIDE SUCH DOCUMENTATION, IF REQUESTED, CREATES A REBUTTABLE PRESUMPTION THAT THE LICENSEE HAS MADE A FALSE AND FRAUDULENT STATEMENT IN APPLYING FOR A LICENSE TO PRACTICE EMERGENCY MEDICAL SERVICES.**

Audit Process

- Random Audits – the department may require an applicant or licensee to submit documentation to demonstrate compliance with the CE requirement.
- The applicant or licensee shall maintain documentation of their compliance with CE requirement for a period of 1 year after the expiration date of the license.

License Audits

Who might get audited?

Do you have all of your credits?

One year past license renewal.

If you get audited:

CPR card always required

Name, date, I/C name, number, signature on chits

Electronic CE records signed by I/C or supervisor



Audit Process

- Failure to provide documentation creates a rebuttable presumption that the licensee has made a false and fraudulent statement in applying for a license to practice EMS.
- Acceptable documentation of CE shall include:
 - Name of licensee
 - Name of sponsoring organization & IC number
 - Title of program
 - Hours of CE awarded per category
 - Date of program
 - Signature of IC or designee

Failure to Meet CE Requirements -- Revocation

- MFR Revocation
 - Missing 4 or more credits
- EMT Revocation
 - Missing 7 or more credits
- EMT-Specialist Revocation
 - Missing 8 or more credits
- Paramedic Revocation
 - Missing 10 or more credits
- IC Revocation
 - Missing 7 or more credits

Note: Revocation is for 3 years. If this occurs, an individual would start the entire licensure process from the start.

Audits

- Failure to meet requirements leads to suspension or revocation – 2010
 - 59 Suspended
 - 17 Revocations
 - 22 Voluntarily surrendered in lieu of disciplinary action

Audits

- Failure to meet requirements leads to suspension or revocation – 2011 (as of 9/1/11)
 - 47 Suspended
 - 91 Revocations
 - 0 Voluntarily surrendered in lieu of disciplinary action

Audit Process

- Total audits conducted in 2010 was 743 – all levels.
- Compliance rate is 69%
- Total audits conducted in 2011 as of 6/30/11 are 357 – all levels

Compliance rate has decreased from 73% (2009) to 69% (2010).

Criminal Background Checks

- Significantly increased (75 applications per month with 25 needing further action) – applications take time to process
- Website: Criminal Conviction Guidelines – link to Section 20173a
- Informal Conference
- Subcommittee to review applicants
- Recommendations are made based upon criminal history lien, court documents, etc.

Reporting of Convictions

What to report? Any felony or misdemeanor conviction
(no traffic tickets or parking tickets)

Who should report? Everyone
(if you don't, someone else may)

Report in writing prior to renewal

The investigation process

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Personnel Enforcement

- In 2010, we took 147 enforcement actions against EMS personnel:
 - 7 Emergency Orders (criminal sexual conduct, felony drug conviction, child pornography, child abuse, felony weapons (4 EOs to suspend; 3 EOs to revoke)
 - 30 licenses revoked (for CE non-compliance; other)
 - 59 licenses suspended (all for CE non-compliance)
 - 12 licenses issued consent order with monitoring
 - 17 licensure applications denied
 - 22 voluntarily surrendered due to pending disciplinary action (all CE non-compliance)

Personnel Enforcement

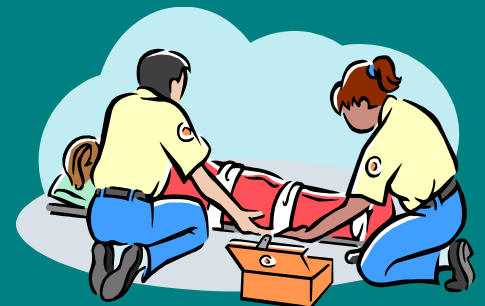
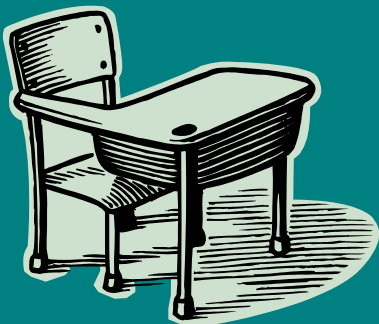
- In 2011, as of 9/1/11, we have taken 174 enforcement actions against EMS personnel:
 - 3 Emergency Orders (criminal sexual conduct, felony drug conviction, drug diversion (all EOs to revoke)
 - 102 licenses revoked (91 for CE non-compliance; 11 other)
 - 47 licenses suspended (all for CE non-compliance)
 - 10 licenses issued consent order with monitoring
 - 12 licensure applications denied

Personnel Complaints

- 2010: 233 personnel complaints were received
 - 66% related to continuing education
 - 31% related to criminal convictions
 - 3% other
- 2011: 213, as of 9/1/11, personnel complaints received
 - 62% related to continuing education
 - 37% related to criminal convictions
 - 1% other



Education



Education Standards Task Force

Coming to MI: Advanced EMT (AEMT)

What will this do? Replace the current level of EMT-S in MI.

What will this level be called? EMT-S (title in MI legislation)

What skills will new EMT-S be trained to perform?

Medication administration (nine new meds):

1. Albuterol
2. Aspirin
3. Dextrose (50%)
4. Epinephrine (IM and SQ)
5. Glucagon
6. Glucose
7. Naloxone
8. Nitroglycerin
 - a. Paste
 - b. Spray
 - c. Tablets
9. Nitrous Oxide
10. Oxygen
11. Intravenous Fluids
 - a. Dextrose 5% in water
 - b. Normal Saline
 - c. Lactated Ringers



SPECIALIST BRIDGE COURSE

SPECIALIST BRIDGE COURSE QUESTIONS:

Can a current EMT-S remain an EMT-S? Yes! Bridge Course

PROPOSED: Approximately 52 hour course

FOCUS: Medication administration, doses, indications, contraindications, adverse reactions, etc.

What if a current EMT-S does not wish to take the bridge course? License will revert to basic EMT

SPECIALIST BRIDGE COURSE

- STATUS as of 9/30/11:
 - ✓ EMSCC recommended approval of content and hours of Specialist Bridge Course.
 - ✓ EMSCC recommended approval of 3rd party testing for licensure.
 - ✓ EMSCC recommended approval of a currently approved Specialist level Education Program Sponsor that has an Paramedic IC or a Paramedic Education Program Sponsor be eligible to teach the 52 hour bridge course.

SPECIALIST BRIDGE COURSE

- Department will need to determine release date of bridge course.
- Department will need to determine what education program sponsors are eligible to administer the course.
- Department will need to determine implementation date of the NEW EMT-Specialist.

New Specialist Level

- Impacts individuals
- Impacts education programs
- Impacts life support agencies
- Impacts MCAs and protocols

Accreditation Update

January 2009

July 2011

September 28, 2011

September 30, 2011

Accreditation Update

- EMSCC moved to “rescind the EMSCC 2009 recommendation, to the Department, regarding discontinuing the use of the NREMT examination effective January 1, 2013.”
- Roll Call vote was:
 - 9 supported rescinding the recommendation
 - 11 did not support rescinding the recommendation

Accreditation Update

- Next Steps:
 - The Department will need to determine, based on the split vote, whether to require Accreditation and continue use of the NREMT exam
 - OR
 - Not require accreditation and obtain a new testing agency.

State EMS Information Systems

- Legal Authority
 - PA 368 of 1978 Section 20910

Collect data as necessary to assess the need for and quality of EMS throughout the state.

Promulgate rules to require life support agencies to periodically submit designated records and data for evaluation by the Department.

Status of Data Collection

- 80.3% of agencies are set up
- 76.2% of agencies set up are submitting data
- As of August 2011, 2,093,319 incidents/records have been reported/submitted
- EMSCC has recommended that the Department send a letter to those agencies that are non-compliant that licensure action will be taken if they do not become compliant.

Pharmacy Issues

- Do IV fluids and ancillary supplies (catheters, etc.) need to be locked and secured?
- Answer: In reviewing the pharmacy law, I could not find where these items still need to be locked and secure. The department will be inspecting for the items to be secured.
- Question has been raised – how can medications be acquired? There are a number of scenarios out there on how ambulance services are obtaining medications.
 - What do the administrative rules state?

Pharmacy Issues

- Rule 22207(1)(k) and (3)
- Written procedures for the security, control, dispensing, and exchange of pharmaceuticals, intravenous solutions, tubing, and related apparatus. Life support agency medication exchange shall only take place with a participating hospital or freestanding surgical outpatient facility.
- Each MCA shall develop specific protocols applicable to the acquisition, storage, and use of drugs, IV fluids and medical devices. All drugs and IV fluids shall be under the control of a pharmacist licensed in this state affiliated with a participating MCA hospital or free standing surgical outpatient facility.

Laws/Rules/Plans

- Part 209 of PA 368 of 1978, as amended
- EMS – Personnel Licensing Rules
- EMS – Life Support Agencies & MCA Rules
- Trauma Statute & Administrative Rules
- PA 192 & 193 of 1996 – DNR
- PA 232 & 233 of 2000 and PA 488 of 2006 – Safe Delivery of Newborns
- PA 582 of 2006 – AED
- PA 261 of 2005 – BLS Non-transport Response

Laws/Rules/Plans

- PA 200 of 2004
- PA 6 of 2003
- PA 233 of 2003 – Epi-Pen
- Driving Criteria
- Declaratory Ruling
- MEDCOM Plan
- PA 29 of 1994 – 911 Statute & Policy E

Ambulance Operation – Act 200 of 2004

- Amends Section 20921 of Part 209 of PA 368
- An ambulance operation that is licensed to provide ALS and has more than 1 ambulance licensed under its operation may operate an ambulance licensed at the BLS or LALS at a higher level if the following are met:
 - Has at least 1 ambulance that is properly staffed and available to provide ALS 24/7
 - The licensed personnel required to operate at a higher level are available at the scene and in the ambulance during transport
 - Meets all equipment and communication requirements
 - If the ambulance operation is unable to respond to a request for an emergency immediately, requests assistance.

Additional Laws that Impact EMS

- Act 192 & 193 of 1996 – DNR – MCAs are required to establish written protocols addressing do-not-resuscitate procedures. Protocols must comply with the DNR Act (193).
- Act 582 of 2006 – AED – requires an AED be carried on all life support vehicles except ALS.
- Act 6 of 2004 – further defines MFR – MFR does not include a police officer solely because his or her police vehicle is equipped with an AED.

Additional Laws that Impact EMS

- Acts 232, 233, 234 & 235 of 2000 and Act 488 of 2006 – Safe Delivery of Newborns -- focused on educating parents that there are safe choices and protecting the newborn from harm or possible death; created an affirmative defense for parent(s) to surrender an unwanted newborn to an emergency service provider (ESP) within 72 hours of birth; defined an ESP as a uniformed or identified employee of a fire department, hospital, or police station.
- Act 488 of 2006 expanded the definition of ESP to include a paramedic or EMT when either of these individuals is responding to a 9-1-1 emergency call.

Additional Laws that Impact EMS

- Act 233 of 2003 – Epi-pen – requires that each life support agency that provides BLS, LALS, or ALS is equipped with epinephrine or Epi-pens. That each person authorized to provide these services is properly trained.
 - A MCA may require an MFR service to meet additional standards for equipment and personnel to ensure that each MFR service is equipped with Epi-pens and that each person is properly trained. **IF, a BLS, LALS, or ALS service is not readily available in that location.**

Driving Criteria

- Administrative Rule
 - Requires that each individual operating a licensed life support vehicle during an emergency response or patient transport has completed a vehicle operation education and competency assessment.

Ambulance Operations

- An ambulance operation shall state the level of life support it is licensed to provide AND shall not provide life support at a level that exceeds its license level.
- Provide at least 1 ambulance available for response to requests for emergency assistance 24/7/365.

Ambulance Operation/Staffing

- An ambulance shall not operate while transporting a patient unless it is minimally staffed as follows:
 - If licensed as BLS – with at least 1 EMT and 1 MFR
 - If licensed as LALS – with at least 1 Specialist and 1 EMT
 - If licensed as ALS – with at least 1 Paramedic and 1 EMT

An ambulance operation shall ensure that an EMT, Specialist or Paramedic is in the patient compartment while transporting an emergency patient.

Ambulance Staffing

- Rule 133 (f) Require that an individual whose license is at least equal to the level of vehicle license is in the patient compartment when transporting an emergency patient, or consistent with department approved medical control authority protocols.
- State Protocol Developed (Optional)

Non-Transport Prehospital

- A Non-transport prehospital life support operation shall not operate unless staffed as follows:
 - If licensed as BLS – with at least 1 EMT
 - If licensed as LALS – with at least 1 Specialist
 - If licensed as ALS – with at least 1 Paramedic

Life Support Agency Common Questions

- Licensed as an ALS transporting service; 2 vehicles ALS; 2 vehicles BLS. Can both my ALS vehicles be conducting transfers with my BLS vehicles provide emergency response?
- **Answer:** NO. However, you do have Act 200 to consider. You must have 1 ALS vehicle available for emergency response 24/7.

EMS Personnel

- Can a paramedic that works for both an ALS service and a MFR service provide care at the paramedic level while working for the MFR service?
- **Answer:** NO
- Can a licensed individual work for an agency during the individual's 60 day licensure grace period?
- **Answer:** YES – if the agency allows.

Municipal Letter/AG Response

Letter from Attorney General's office related to requirement for the life support agency to obtain a letter from a municipality/township/county.

- Department made the decision to follow this response as it relates to the requirement of a letter or agreement.

Municipal Letter/AG Response

- Letter Does **not** impact the declaratory ruling which addresses transfers that begin and end outside of a life support agency's medical control authority.

Municipal Letter/AG Response

Letter does impact the clarifying document specific to:

- “In order to ensure a 24 hour, 7 day a week emergency response area, the MCA and/or the Department may require a life support agency to provide...a letter of support or agreement from the municipality/county/township(s) in which they are agreeing to provide 24/7 emergency response.”

Municipal Letter/AG Response

- The Department is no longer requiring a letter of support from the municipality/county/township(s) in which they are agreeing to provide 24/7 emergency response.
- The Department encourages the MCAs to revise protocol if this has been established as a requirement.

Municipal Letter/AG Response

- Department has changed the Part I application to include the following:
 - My signature attests that, as a life support agency, except aircraft transportation, I “shall provide at least 1 life support vehicle for response to requests for emergency assistance on a 24-hours-a-day, 7 days-a-week basis in accordance with its licensure level and medical control authority protocols.”
 - Signature verifies compliance with Section 20921(1)(a), 20927(1)(a), or 20941(6) of the public health code and Rule 325.22111, Rule 111(4) of the administrative rules.

State Protocols

- Updated protocols were released March 2011
 - Updated cardiac protocols for Adult and Pediatric
 - Optional/Supplemental protocols included
 - 2 new required protocols – Adult Cardiac ROSC & Pediatric Fever
 - Included a number of changes

State Protocols

- Three year cycle for protocol submission began June 2010
 - 92% of MCAs have submitted their protocols
 - 7% have submitted all but their system protocols
 - 1 MCA has not yet submitted
- Bylaws – just under 40% have submitted
 - Current bylaws need to be on file
 - Creating a bylaws template

State Protocols

- Letter to MCAs
 - Letter will be sent to MCAs within 30-60 days
 - Identify what we have on file and any outstanding items
 - Identify if protocols are complete
- Next 3 year update for protocols
 - Creating a schedule so MCAs are not all due on the same date
 - Allows for more timely review

State Protocols

- Reviewing/Updating protocols annually
 - Currently taking comments for November 2011 review
 - Updating protocols based upon comments from MCAs
 - Current and New protocols
 - Updating format
 - Narrative only
 - Algorithm only (treatment protocols)
 - Narrative and algorithm (current format)

State Protocols

- New protocols under review for development:
 - EMS Scope of Practice Policy
 - CPAP for BLS
 - STEMI
 - TB Testing as an optional selection to EMS Immunization Procedure.

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State Protocols

- Protocols that will be added with new revision:
 - Impedance Threshold Device (optional)
 - Pediatric Fever (optional)

MCA Activities

- Updating the MCA Handbook
 - Last updated in 2004
 - New version – available October 2012
- Updating the Medical Director Curriculum

POLST

- Physician Orders for Life-Sustaining Treatment (POLST)
- “POLST is designed to improve the quality of care people receive at the end of life. It is based on effective communication of patient wishes, documentation of medical orders on a brightly colored form and a promise by health care professionals to honor these wishes.”

POLST

- How will/does this program work in Michigan with our EMS law and the DNR law?
 - EMS law is for the provision of care
 - DNR is when a “declarant” has executed a DNR order and is used “in the event that a patient suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, nursing home, or mental health facility – no resuscitation will be initiated.

POLST

- POLST intended for individuals with serious health conditions.
- POLST allows your physician to write orders that indicate what times of life-sustaining treatment you do or do not want at the end of life.
 - Full treatment
 - Limited interventions (individual selects)
 - Comfort measures only.

POLST

- POLST Program approached Department in September 2011:
 - Seeking legal input on how this program would work in Michigan with current laws
 - Do we need to seek legislation to allow for this program?
 - Referred to Department's legal office.

QUESTIONS?

Contact Information for
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